

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	H T	1117	10/18/01
<b>RESPONSE FORMALITY REVIEW</b>	CA	825	10/23/01

## INDEX OF CLAIMS

Rejected N .. Non-elected  
 Allowed I .. Interference  
 (Through numeral) Canceled A .. Appeal  
 Restricted O .. Objected

Claim	Final	Original	Date
1	✓	✓	3/27/01
2	✓	✓	
3	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/27/01